

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KH	70591	8/20
O.I.P.E. CLASSIFIER	SW	m	8/24
FORMALITY REVIEW	BF	70556	8-30-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	8/3/00
2	8/3/00
3	8/3/00
4	8/3/00
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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